

(vi) There shall be regular meetings of the nursing staff to review and analyze the nursing service to determine the quality of the nursing care rendered to patients and to increase the efficiency of the nursing service.

(D) Health of Employees

(i) All regular paid personnel should be given pre-employment examinations consisting of a general physical examination, including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination, including chest X-ray, should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea, and other communicable disease, should be excluded from work to return only after a checkup by a physician.

(ii) Personnel absent from duty because of any reportable communicable disease, infection, or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose, and shall be certified by him to the administrator as not suffering any condition that may endanger the health of patients or employees.

(e) Accommodations, Furnishings and Equipment for Care

(1) Patient Rooms

(A) All bedrooms used for patients shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to corridor.

(B) Rooms extending below ground level shall not be used as bedrooms for patients except that any patient bedroom, in use prior to the effective date of these regulations, may be continued provided it does not extend more than three feet below ground level.

(C) No patient shall, at any time, be admitted for regular bed care to any room

other than one regularly designed as a patient room or ward except in case of emergency, and then only as a temporary measure.

(D) Patients' beds should not be placed in corridors nor should furniture or equipment be kept in corridors except in the process of moving from one room to another.

(E) There should be a space of at least three feet between beds, and sufficient space around the bed to facilitate nursing care and to accommodate the necessary equipment for care. Beds shall be located to avoid drafts or other discomforts to patients.

(F) The window area of each bedroom shall equal at least one-eighth of a total floor area. The minimum floor area should be at least 100 square feet in single bedrooms and at least 80 square feet per bed in multi-bedrooms. All nursing homes in operation, as of the effective date of these regulations, shall comply with the requirements of sec. 010. (e) to the extent possible, but nothing contained herein shall be so construed as to require major alterations by such nursing homes, nor shall a license be suspended or revoked for an inability to comply fully with sec. 010.(e).

(2) Equipment for Patient Rooms. The following items shall be provided for each patient unless clinically contraindicated

(A) a comfortable, hospital-type bed, a clean mattress, waterproof sheeting or pad, pillows and necessary covering. Clean bedding, towels, washcloths, bath blankets, and other necessary supplies shall be kept on hand for use at all times;

(B) at least one chair;

(C) a locker or closet for storage of clothing. Where one closet is used for two or more persons, provisions shall be made for separation of patients' clothing;

(D) a bedside table with compartment or drawer to accommodate personal possessions for each person;

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Register 45, April 1973

(E) cubicle curtains or bed screens to afford privacy in all multi-bed rooms;

(F) a device for signaling attendants, which shall be kept in working order at all times except in psychiatric and pediatric units, where an emergency call should be available in each patient's room for the use of the nurse;

(G) handwashing facilities, located in the room or convenient to the room, for the use of patients and personnel. It is recommended that these be equipped with gooseneck spouts and wrist action controls;

(H) a clinical thermometer to be sterilized before each use;

(I) individual bedpans, wash basins, emesis basins, and mouth wash cups shall be provided for each patient confined to bed. This equipment shall be stored so that it will not be interchanged and shall be sterilized when the patient is discharged;

(J) no linen shall be interchangeable from one patient to another before being properly laundered.

(3) All medications which have been prepared for an individual patient shall be discarded when orders have been discontinued, or patient has been dismissed. Individual narcotic medications shall be returned to the pharmacy for accounting.

(A) Restraints shall be applied only when they are necessary to prevent injury to the patient or to others, and shall be used only when alternative measures are not sufficient to accomplish their purposes. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(B) Hot water bags must be covered before being placed in a bed, and carefully checked as to temperature and leakage. Electrical heating pads shall be checked periodically, at least annually, by an electrician.

(4) Food Service and Good Sanitation

(1) There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils. A dining room or rooms shall be provided for personnel. It is recommended that a separate dishwashing area or room be provided.

(2) Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

(3) All foods shall be stored and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at a temperature of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

(4) All fluid milk, cream, and milk products should be safe for human consumption. Where pasteurized milk is not available, condensed, evaporated or dried milk shall be used. Ice used in contact with food or drink shall be obtained from a source acceptable to the Department of Health and Social Services and handled and dispensed in a sanitary manner.

(5) Handwashing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his hands.

(6) Either of the following methods may be employed in dishwashing:

(A) a three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air-drying. Water heating equipment capable of

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.040

maintaining the temperature of the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

(B) Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch for more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried.

(7) All rooms in which food is stored, prepared, or served, or which utensils are washed, shall be well-ventilated. The cooking area shall be ventilated to control temperature, smoke and odors.

(8) Garbage shall be disposed of in a manner acceptable to the Department of Health and Social Services. When stored it shall be retained in water-tight metal cans equipped with tightly fitting metal covers. All containers for the collections of garbage and refuse shall be kept in a sanitary condition.

(9) Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

(g) Sanitation

(1) The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location,

construction, and operation of which meets the requirements of 18 AAC 80. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

(2) Sewage shall be discharged into municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which meets the requirements of 18 AAC 60.

(3) The plumbing and drainage, or other arrangements for the disposal of excreta and wastes shall be in accordance with 7 AAC 22.010-.080.

(4) The toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one toilet for each eight patients or fraction thereof.

(5) Handwashing facilities of the proper type in each instance shall be readily available for physicians, nurses and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited.

(6) A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof.

(7) Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

(h) Physical Plant

(1) The nursing home structure and its equipment shall be kept in good repair and operated at all times with regard for health, treatment, comfort, safety and well-being of the patients and personnel.

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Register 63, October 1977

HEALTH AND SOCIAL SERVICES

7 AAC 12.040

7 AAC 12.061

(2) Fire protection for the nursing home shall be provided in accordance with the requirements of the State Fire Marshal. All nursing homes shall have a written fire manual, outlining a plan for the movement of patients to a safe location in case of fire. Approval by the State Fire Marshal of the fire protection of a nursing home should be a prerequisite for licensure.

(3) Walls, floors and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

(4) Lighting

(A) All areas shall be adequately lighted.

(B) When construction of a new nursing home is contemplated, it shall be in compliance with 7 AAC 09, Design and Construction of Health Facilities.

(i) Reports and Records

(1) The admission, medical, and nursing records shall be maintained and made freely accessible to those responsible for the care of the patient. They shall be open to the inspection of the licensing agent of the Department of Health and Social Services.

(2) Admission and death records shall be kept as prescribed by the Department of Health and Social Services for license and as is required by the Bureau of Vital Statistics. Such records shall be preserved. When a home is closing or ownership is being transferred, the licensee shall apply to the Department of Health and Social Services for the instruction as to disposition of the admission and death records.

(3) Physicians' orders shall be preserved with the record of the patient.

(4) An annual report regarding services furnished during the preceding year shall be submitted to the Department of Health and Social Services on forms furnished for this purpose.

(j) Nursing Homes' Compliance

(1) Nursing homes, licensed as of the effective date of these regulations, shall comply with the requirements contained in this section, entitled "Regulations for the Licensing, Operation, and Maintenance of Nursing Homes" where applicable, to give skilled nursing care and related medical services to individuals admitted to nursing homes.

(2) Nursing homes licensed after July 28, 1959, must be in compliance with 7 AAC 09, Design and Construction of Health Facilities.

(3) When construction of a new nursing home is contemplated, it must be in compliance with 7 AAC 09, Design and Construction of Health Facilities. (In effect before 7/28/59; am 1/28/73, Reg. 45; am 9/24/77, Reg. 63)

Authority: AS 18.20.060

Historical Note: The language from "After September 15, 1972 no nursing home ..." added by emergency regulations filed August 31, 1972, Register 43. Said emergency regulations required licensure by Alaska Nursing Home Administrators Licensing Board created by emergency regulations filed August 31, 1972, Register 43. Remaining language in effect on and before July 28, 1959, the effective date of the Alaska Administrative Procedure Act.

7 AAC 12.045. ALASKA NURSING HOME ADMINISTRATOR LICENSING BOARD; LICENSING REQUIREMENTS. Annulled under AS 44.62.320, passed 5/3/76.

7 AAC 12.050. NURSING HOME CONSTRUCTION AND EQUIPMENT. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.060. PREPARATION OF NURSING HOME PLANS AND SPECIFICATIONS. Repealed. (Eff. 4/28/77, Reg. 62)

ARTICLE 1A. INTERMEDIATE CARE FACILITIES

Section

61. Licensing of intermediate care facility
62. Application for and issuance of license
64. Revocation or denial of license
65. Standards of operation
66. Safety and sanitation standards
68. Definitions

7 AAC 12.061. LICENSING OF INTERMEDIATE CARE FACILITY. No person

Register 63, October 1977

HEALTH AND SOCIAL SERVICES

page 38

7 AAC 12.061

7 AAC 12.066

may operate an institution which constitutes an intermediate care facility, or an intermediate care facility which is a distinct part of another institution, without a license issued by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.020
AS 18.20.060

7 AAC 12.062. APPLICATION FOR AND ISSUANCE OF LICENSE. (a) An application form for a license to operate an intermediate care facility will be furnished upon request to the department.

(b) The licensee is the officer or member of the staff or governing body on whom rests the responsibility for maintaining approved standards for the facility.

(c) A license is valid only for the licensee and premises named in the license and is not transferable. Any change in location or ownership shall be reported immediately to the department.

(d) Separate licenses are required for intermediate care facilities maintained on separate premises, even though they are operated by the same management. However, several separate licenses are not required for separate buildings on the same ground.

(e) The license shall be posted in a conspicuous place on the premises in the public lobby or waiting room of the intermediate care facility.

(f) Each license to operate an intermediate care facility expires on June 30 following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.040
AS 18.20.060

7 AAC 12.064. REVOCATION OR DENIAL OF LICENSE. Any person whose license has been revoked for cause will be advised in writing the department 90 days before the effective date of the revocation. An applicant for a license, or renewal of a license, whose application is denied will be advised of the

denial in writing by the department without unnecessary delay. The licensee or applicant may appeal the action to the commissioner of the department within 90 days of the receipt of notice of revocation or denial. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.050
AS 18.20.060

7 AAC 12.065. STANDARDS OF OPERATION. No intermediate care facility will be licensed unless on or after the effective date of secs. 61-68 of this chapter it meets the standard prescribed by

45 CFR Sec. 249.12, Standards for Intermediate Care Facilities, as revised January 17, 1974

and if it is an intermediate care facility for the mentally retarded, it also complies on and after March 18, 1977 with the provisions of

45 CFR Sec. 249.13, Standards for Intermediate Care Facilities for the Mentally Retarded or Persons with Related Conditions, as revised January 17, 1974

which are adopted by reference. Copies of 45 CFR Secs. 249.12 and 249.13 will be furnished to applicants and licensees by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.060

7 AAC 12.066. SAFETY AND SANITATION STANDARDS. No intermediate care facility will be licensed unless it meets the standards for safety and sanitation prescribed for health facilities by 7 AAC 09, Design and Construction of Health Facilities. (Eff. 3/29/75, Reg. 53; am 9/24/77, Reg. 63)

Authority: AS 18.20.060

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7 AAC 12.068. DEFINITIONS. As used in secs. 61-68 of this chapter

(1) "department" means the Department of Health and Social Services;

(2) "distinct part" means an identifiable unit such as an entire ward or contiguous wards, wing, floor or building which meets all requirements for an intermediate care facility, although it shares such central services and facilities as management services, food services, building maintenance and laundry with other units;

(3) "institution for the mentally retarded or persons with related conditions" means an institution (or distinct part of one) operated primarily for the diagnosis, treatment or rehabilitation of the mentally retarded or persons with related conditions which provides in a protected residential setting, individualized ongoing evaluation, planning, 24-hour-a-day supervision, coordination and integration of health or rehabilitation services to help each individual reach his maximum of functioning capabilities;

(4) "intermediate care facility" means an institution which provides, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.020
AS 18.20.060

ARTICLE 2.

LOCAL HEALTH UNITS AND DISTRICTS

Section

70. Creation of units and districts
80. State aid to local health districts

7 AAC 12.070. CREATION OF UNITS AND DISTRICTS. (a) Definitions

(1) "Commissioner of Health and Social

Services" as used herein refers to the Alaska Commissioner of Health and Social Services.

(2) "Commissioner of Health and Social Services" refers to the executive officer of the Alaska Department of Health and Social Services, appointed by the Governor.

(3) "Community or settlement," for the purpose of administering this act, is defined as any place having approximately 1,000 permanent residents, or any other place designated by the Commissioner of Health and Social Services as having special health problems.

(4) "Health Unit" shall consist of one community or settlement as defined above, plus such contiguous areas as may be designated by the Commissioner of Health and Social Services.

(5) "Local Board of Health" refers to the persons appointed for each health unit. Such board may consist of

(A) the president of the school board and two persons appointed by the school board; or

(B) three persons appointed by the Commissioner of Health and Social Services where no school board exists; or

(C) the board of health as established by an incorporated town.

(6) "Health district" shall consist of two or more contiguous health units.

(7) "District board of health" refers to the persons appointed for the district by the Commissioner of Health and Social Services.

(8) "Local or district department of health"

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